

Dec. 8. 2005 1:19PM

No. 6900 P. 1

**CRAIN
CATON
&
JAMES**

A PROFESSIONAL CORPORATION
ATTORNEYS AND COUNSELORS

TELEPHONE: 713.658.2323
FACSIMILE: 713.658.1921

**RECEIVED
CENTRAL FAX CENTER**

DEC 8 2005

17TH FLOOR
FIVE HOUSTON CENTER
1401 MCKINNEY STREET
HOUSTON, TEXAS 77010-4035

FAX COVER SHEET

TO: Commissioner of Patents
United States Patent & Trademark Office

FAX #: 571.273.8300

FROM: James E. Hudson III

NUMBER OF PAGES: 3
(INCLUDING COVER PAGE)

DATE: December 7, 2005

C/M#: 073957-000001

SUBJECT: Power of Attorney

U.S. Pat. Appl. S/N 10/766,573

Included with this transmittal for U.S. Pat. Appl. S/N 10/766,573 are:

1. Fax cover sheet (1 sheet)
2. Transmittal Form PTO/SB/21 (1 sheet)
3. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address PTO/SB/82 (1 sheet)

PLEASE CHECK TRANSMISSION AFTER THE LAST PAGE.
IF YOU ARE NOT RECEIVING CLEARLY, OR IF YOU
HAVE ANY PROBLEMS WITH THE TRANSMISSION,
PLEASE CALL US BACK IMMEDIATELY AT 713.658.2323.

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED ABOVE AND UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE.

233-252726v1
073957/000001

THANK YOU.

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0551-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

3

Application Number 10/766,573

Filing Date January 27, 2004

First Named Inventor Oliphant, Zachary James

Art Unit 3635

Examiner Name Nguyen, Chi Q

Attorney Docket Number 073957-000001

**RECEIVED
CENTRAL FAX CENTER****DEC 08 2005****ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Fax Cover sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Crain, Caton & James, P.C.		
Signature	<i>James E. Hudson III</i>		
Printed name	James E. Hudson III		
Date	November 14, 2005	Reg. No.	41,081

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO _____			
the date shown below:			
Signature	<i>James E. Hudson III</i>		
Typed or printed name	James E. Hudson III	Date	December 7, 2005

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DEC 08 2005

PTO/SB/22 (04-05)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
 Approved for use through 11/30/2005, OMB 0651-0035
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/766373
	Filing Date	January 27, 2004
	First Named Inventor	Oliphant, Zachary James
	Art Unit	3635
	Examiner Name	NGUYEN, CHI Q
	Attorney Docket Number	073 957-000001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

30903

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

30903

OR


<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Gayle William Oliphant		
Date	12/7/05	Telephone	832-244-2676

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.